

**DECLARATION, PETITION, POWER OF ATTORNEY
& CORRESPONDENCE ADDRESS**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR TREATMENT
OF MACULAR DEGENERATION**

the specification of which is attached hereto;

I state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein;

I acknowledge the duty to disclose information material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), including any public use, sale, or offer for sale of the disclosed invention occurring more than one year prior to the filing date of this application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any provisional patent application, foreign application(s) for patent or inventor's certificate listed and have identified any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

§119 PRIORITY APPLICATION(S)

			Priority Claimed	
			<u>X</u>	
60/459,689	United States	April 3, 2003		
(Number)	(Country)	(Day/month/year filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(Status - patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint Craig M. Gregersen, Registration No. 31,832 my attorney with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith and the general power of attorney to file and prosecute any foreign or International (PCT)

application claiming the benefit of priority of the application filed herewith, or any continuation, continuation-in-part, or divisional thereof.

All communications shall be addressed to:

Law Offices
P.O. Box 386353
Bloomington, MN 55438

Wherefore, I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the above-referenced specification and claims, and I hereby subscribe my name to said specification and claims and to the foregoing declaration, power of attorney and this petition.

Full name of first inventor: Victor I. Chornenky

Inventor's signature: Victor Chornenky

Date: 4/1/2004

Residence (City/State): Minnetonka, MN

Mailing Address: 5525 Mayview Road
Minnetonka, MN 55345

Citizenship: United States

Full name of second inventor: Ali Jaafar

Inventor's signature: Ali Jaafar

Date: 4/1/2004

Residence (City/State): Eden Prairie, MN

Mailing Address: 11600 Landing Road
Eden Prairie, MN 55347

Citizenship: United States

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Minnesota Medical Physics, LLCApplication No./Patent No.: _____ Filed/Issue Date: April 2, 2004Entitled: Apparatus and Method for Treatment of Macular DegenerationMinnesota Medical Physics, LLC, a limited liability company

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

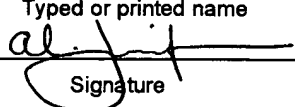
☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

April 2, 2004
Date
952-697-3355
Telephone number

Ali Jaafar
Typed or printed name

Signature
Chairman
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.